

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90081 043 \*\*\*150.00

DOCUMENT # M75064

1. Corporation Name

EMPLOYEE BENEFITS MANAGEMENT, INC.

Principal Place of Business

% 402 43RD STREET WEST  
BRADENTON FL 34205

Mailing Address

1016 W. 9TH AVENUE  
ATTN: TAX DEPARTMENT Legal Dept.  
KING OF PRUSSIA PA 19406



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1988

4. FEI Number

65-0037547

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE

NAME SCHUBERT, THOMAS D  
STREET ADDRESS 1016 W NINTH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE VD ☒ DELETE

NAME LOCILENTO, ARTHUR  
STREET ADDRESS 1016 W. 9TH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE SV ☒ DELETE

NAME MARTINO, MARIE  
STREET ADDRESS 1016 W. 9TH AVENUE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE DP ☐ DELETE

NAME HULBER, LOREN J  
STREET ADDRESS 1016 W NINTH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE V ☐ DELETE

NAME BOYD, JAMES E  
STREET ADDRESS 1016 W NINTH AVE  
CITY-ST-ZIP KING OF PRUSSIA PA 19406

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 2621 Van Buren Ave.  
1.4 CITY-ST-ZIP Norristown PA 19403

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME V.P. D  
2.3 STREET ADDRESS Kerr, Aven  
2.4 CITY-ST-ZIP 2621 Van Buren Ave.  
Norristown PA 19403

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME Binstein, Richard  
3.3 STREET ADDRESS 2621 Van Buren Ave  
3.4 CITY-ST-ZIP Norristown PA 19403

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS 2621 Van Buren Ave  
4.4 CITY-ST-ZIP Norristown PA 19403

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS 2621 Van Buren Ave  
5.4 CITY-ST-ZIP Norristown PA 19403

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard S. Binstein 1/11/99 610/992-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0008239